

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10237696

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	0					
6						
7	0					
8	0					
9	0					
10	1					
11	1					
12	1					
13	0					
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	14	←		←		←
TOTAL CLAIMS	16	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			██████████		██████████	